

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
04-005

2. STATE  
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
July 1, 2004

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004

\$N/A

b. FFY 2005

\$N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Limitation Supplement, Page 3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Limitation Supplement, Page 3a

10. SUBJECT OF AMENDMENT:

Additional ambulatory care visits when the life of a patient would be threatened without additional care or there is an acute medical need.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Mr. Kerr was designated by the Governor to  
review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//Robert M. Kerr-Signature//

13. TYPED NAME:

Robert M. Kerr

14. TITLE:

Director

15. DATE SUBMITTED:

June 22, 2004

16. RETURN TO:

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 22, 2004

18. DATE APPROVED:

September 20, 2004

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

*High L. Webster for Renard Murray*

21. TYPED NAME:

Renard L. Murray, D.M.

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children's Health

23. REMARKS:

exempt from the twelve (12) visit limitation. Ambulatory care exams include all physician office examinations for general medical diagnoses and specialty care. Included in the ambulatory care restrictions are rural health clinic encounters and initial psychiatric visits. Surgery, therapy, family planning, diagnostic tests, monitoring, and maintenance management are not included in the twelve (12) visits limitation.

Hospital Services rendered by a physician are not restricted but are subject to the pre-admission review process, medical necessity criteria and the limitations included in the hospital section of the plan.

All services listed in the Current Procedural Terminology Text (CPT), and the HCPCS Supplemental Coding Manual are allowed services unless restricted in the Medicaid Physician, Clinical and Ancillary Services Manual. These services include, but are not limited to, general medical care, diagnostic services, therapeutic services, reconstructive and medically necessary surgeries, maternal care, family planning, rehabilitative and palliative services, lab, x-ray, injectable drugs, and dispensable and supplies not restricted in other areas of the plan or the Medicaid provider manuals.

Physician Services that are specifically restricted are speech therapy. Speech and hearing examinations, physical therapy, and occupational therapy are restricted as defined in the Physician, Clinical and Ancillary Services Manual. Vision Care Services provided by a physician are restricted as defined in the Optometric section of the plan and the Vision Care Manual.

The South Carolina Department of Health and Human Services may approve additional ambulatory care visits when medically necessary. Limitations will be based on criteria, such as, medical necessity or utilization control procedures.

#### Preventive Care:

Well Baby Care is limited to routine newborn care and follow-up in the hospital. All other well baby services are limited to the provisions defined in the EPSDT section of the plan.

Immunizations are limited to those defined in the EPSDT section of the plan, except for influenza, pneumonia and hepatitis vaccinations for at risk patients as described in the Physician, Clinical and Ancillary Services Manual.

Preventive Services are further limited to specific cancer screening procedures as listed for the following at risk patients without diagnostic indicators:

1. Mammography - Baseline: age 35-39, One every other year: age 40-50, One every year: age 50-up.
2. Pap Smear - One per year: age in conjunction with onset of menses.
3. Digital Rectal Exam - One per year: age 50-up for low risk clients: age 40-up for high risk clients.
4. Hemoccult Test - One per year: age 50-up for low risk clients: age 40-up for high risk clients.
5. Sigmoidoscopy - Sponsored if either test in #3 or #4 above is positive.